



## DIVISION OF AGRICULTURAL SERVICES

Foss Building, 523 East Capitol Ave.  
 Pierre, South Dakota 57501-3182  
 Phone - (605) 773-3796 Fax – (605) 773-3481

### ENTRANCE PERMIT APPLICATION

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_ SECONDARY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PRIMARY TELEPHONE: \_\_\_\_\_ SECONDARY TELEPHONE: \_\_\_\_\_

MISCELLANEOUS EQUIPMENT: \_\_\_\_\_

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State & County of Origin	Number of Colonies, Nucs, Queens, etc.	Approximate Moving Dates	Destination County(ies)	Bees are: Owned / Leased from (Owner name ( ) ( ) and address)

Entrance permit applications must be submitted a minimum of 30 days prior to the intended date of entrance. An entrance permit cannot be approved unless proper certificates of health are received from the state of origin and the beekeeper has approved locations. New beekeepers or currently registered beekeepers with previously unregistered bees must complete the two-year history of the bees on the back of this form.

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#### Office Use Only:

Health Certificate received ( ) Yes ( ) No

Number of approved locations \_\_\_\_\_

Eligible for Entrance Permit ( ) Yes ( ) No

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TWO-YEAR DISEASE HISTORY

Dates – County – State

FROM: \_\_\_\_\_ TO \_\_\_\_\_; Location \_\_\_\_\_, \_\_\_\_\_  
Month/Year Month/Year County/Parish State

FROM: \_\_\_\_\_ TO \_\_\_\_\_; Location \_\_\_\_\_, \_\_\_\_\_  
Month/Year Month/Year County/Parish State

FROM: \_\_\_\_\_ TO \_\_\_\_\_; Location \_\_\_\_\_, \_\_\_\_\_  
Month/Year Month/Year County/Parish State

FROM: \_\_\_\_\_ TO \_\_\_\_\_; Location \_\_\_\_\_, \_\_\_\_\_  
Month/Year Month/Year County/Parish State

FROM: \_\_\_\_\_ TO \_\_\_\_\_; Location \_\_\_\_\_, \_\_\_\_\_  
Month/Year Month/Year County/Parish State

FROM: \_\_\_\_\_ TO \_\_\_\_\_; Location \_\_\_\_\_, \_\_\_\_\_  
Month/Year Month/Year County/Parish State